Case 18-35064 Doc 36 Filed 09/20/19 Entered 09/20/19 14:14:50 Desc Main Page 1 of 5 Document

Fill in this informa	ation to identify your case:	
Debtor 1	Timothy J Frisby, Sr.	
Debtor 2 (Spouse, if filing)		
United States Ba	nkruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number	18-35064	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106l	MM / DD/ YYYY
Sahadula	L. Vaur Incomo	IVIIVI / DD/ TTTT

Scheaule I: Your Income

12/15

0.00

0.00

0.00

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with	Employment status	■ Employed	■ Employed
	information about additional employers.	Occupation	☐ Not employed Financial Consultant	☐ Not employed
	Include part-time, seasonal, or self-employed work.	Employer's name	Weathcare Management	Weathcare Management
	Occupation may include student or homemaker, if it applies.	Employer's address	120 Windsor Dr Oak Brook, IL 60523	120 Windsor Dr Oak Brook, IL 60523
		How long employed th	nere? 20 years	-

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 Calculate gross Income. Add line 2 + line 3. 0.00

Schedule I: Your Income Official Form 106I page 1

Deb	tor 1	Timothy J Frisby, Sr.	_	C	Case number (if k	nown)	18-3	5064		
					For Debtor 1			Debtor -filing s		
	Cop	y line 4 here	4.		\$	0.00	\$		0.0)
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	0.00	\$		0.00)
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	\$		0.00)
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.00	\$		0.00)
	5d.	Required repayments of retirement fund loans	5d.			0.00	\$		0.00	
	5e.	Insurance	5e.		. —	0.00	\$		0.00	
	5f.	Domestic support obligations	5f.		. —	0.00	\$_		0.00	
	5g.	Union dues	5g.			0.00	\$_		0.00	
	5h.	Other deductions. Specify:	5h.	.+	\$	0.00	+ \$		0.00	<u>)</u>
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	;	\$	0.00	\$		0.00	<u>)</u>
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	\$		0.00	<u>)</u>
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business,								
		profession, or farm Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total	_		•		•			_
	OI:	monthly net income.	8a.			6.19	\$_		0.00	
	8b. 8c.	Interest and dividends	8b.		\$	0.00	\$		0.00	<u>)</u>
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.			0.00	\$		0.00	_
	8d.	Unemployment compensation	8d.		·	0.00	\$		0.00	_
	8e.	Social Security	8e.		\$ 2,099	9.00	\$	2,	166.00	<u>)</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	:							
		Specify:	8f.		\$	0.00	\$		0.00)
	8g.	Pension or retirement income	 8g.		\$	0.00	\$		0.00	<u> </u>
	8h.	Other monthly income. Specify:	8h.	+	\$	0.00	+ \$		0.00	<u>)</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,67	5.19	\$_	2	2,166.0	00
40	C-!	sulate monthly income. Add line 7 u line 0	40 F	Φ.	0.075.40	1.[_			•	4 044 40
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	>	2,675.19	+ \$_	2,1	66.00	= 5	4,841.19
						1				
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your in friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe				•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	4,841.19
								l	Comb	ined ily income
13.	Do :	you expect an increase or decrease within the year after you file this form	?							
	_	No. Yes Explain:								1

Case 18-35064 Doc 36 Filed 09/20/19 Entered 09/20/19 14:14:50 Desc Main Document Page 3 of 5

Fill	in this inform	ation to identify yo	our case:						
Deb (Spo	otor 1 otor 2 ouse, if filing) ed States Bank	Timothy J Fr	-	ERN DISTRICT OF ILLIN	OIS	Ch ■ □	A sup 13 ex	mended filing	ving postpetition chapter the following date:
1	e number <u>1</u>	8-35064							
		orm 106J : Your l	Expen	ıses					12/1
Be info	as complete ormation. If r	and accurate as	possible. eded, atta	If two married people ar ch another sheet to this					
1.		o line 2. es Debtor 2 live i No (es. Debtor 2 mus	t file Offici	ate household? al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor 2.		
2.	•		■ No	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor			dependent's ge	Does dependent live with you? No Yes No Yes No Yes No Yes No Yes
3.	expenses of yourself ar	penses include of people other to nd your depende	han nts? □	No Yes					☐ Yes
Est	imate your e	a date after the l	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a s	supple the bo	ment in a Cha x at the top o	pter 13 case to report f the form and fill in the
the		h assistance an		government assistance i luded it on <i>Schedule I:</i> \				Your expe	enses
4.		or home owners nd any rent for the		ses for your residence. I r lot.	nclude first mortgage	e 4.	\$		935.00
	If not inclu	ded in line 4:							
	4b. Propo 4c. Home	estate taxes erty, homeowner's e maintenance, re eowner's associat	pair, and u	pkeep expenses		4a. 4b. 4c. 4d.	\$ \$		300.00 100.00 40.00 0.00
5.				our residence, such as ho	me equity loans	5.			0.00

Case 18-35064 Doc 36 Filed 09/20/19 Entered 09/20/19 14:14:50 Desc Main Document Page 4 of 5

Debtor 1 Timoth	y J Frisby, Sr.	Case num	ber (if known)	18-35064
6. Utilities:				
	y, heat, natural gas	6a.	\$	340.00
6b. Water, se	ewer, garbage collection	6b.	\$	100.00
6c. Telephor	ne, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d. Other. Sp	pecify:	6d.	\$	0.00
Food and hou	sekeeping supplies	7.	\$	325.00
Childcare and	children's education costs	8.	\$	0.00
Clothing, laun	dry, and dry cleaning	9.	\$	10.00
. Personal care	products and services	10.	\$	10.00
. Medical and de	ental expenses	11.	\$	10.00
	 Include gas, maintenance, bus or train fare. 	40	Ф	150.00
Do not include		12.	· <u> </u>	
	, clubs, recreation, newspapers, magazines, and books	13.		0.00
	tributions and religious donations	14.	\$	0.00
Insurance.	insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insu		15a.	\$	600.00
15b. Health in		15b.	·	0.00
15c. Vehicle i		15b.	· -	100.00
15d. Other ins		15d.	·	0.00
	include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
Specify:	, , ,	16.	\$	0.00
	lease payments:	170	¢	402.00
	nents for Vehicle 1	17a.	· -	402.00
, ,	nents for Vehicle 2	17b.	·	0.00
	Decify: Non filing spouse car payment	17c.		245.00
17d. Other. Sp		17d.	Ф	0.00
	s of alimony, maintenance, and support that you did not report a n your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I)		\$	1,000.00
Other paymen	ts you make to support others who do not live with you.		\$	0.00
Specify:	is you make to capper only and all not not man you.	19.	—	0.00
' '	perty expenses not included in lines 4 or 5 of this form or on Scl		our Income.	
	es on other property	20a.		0.00
20b. Real esta	ate taxes	20b.	\$	0.00
20c. Property	, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintena	ance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeow	ner's association or condominium dues	20e.	\$	0.00
Other: Specify:	Car repair/maint/tags	21.	+\$	30.00
Tolls			+\$	30.00
Calculate you	monthly expenses			
22a. Add lines			\$	4,827.00
	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	7,027.00
	2a and 22b. The result is your monthly expenses.		\$	4 007 00
ZZC. Add line Z.	za anu zzb. The result is your monthly expenses.		Φ	4,827.00
Calculate your	monthly net income.			
23a. Copy line	e 12 (your combined monthly income) from Schedule I.	23a.	\$	4,841.19
23b. Copy you	ur monthly expenses from line 22c above.	23b.	-\$	4,827.00
23c. Subtract	your monthly expenses from your monthly income.			
	It is your monthly net income.	23c.	\$	14.19
For example, do	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you eterms of your mortgage?			ease or decrease because of a
■ No.				
☐ Yes.	Explain here:			

■ No.	
☐ Yes.	Explain here:

Case 18-35064 Doc 36 Filed 09/20/19 Entered 09/20/19 14:14:50 Desc Main Document Page 5 of 5

Fill in this infor	mation to identify your	case:		
Debtor 1	Timothy J Frisby,	Sr.		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number	18-35064			
(if known)	10 00001			■ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who i	s NOT an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Timothy J Frisby, Sr. Timothy J Frisby, Sr. Signature of Debtor 1	e read the summary and schedules filed with this declaration and X Signature of Debtor 2